Jun. 9. 2015— 3:04PM	——No. 0830——P.	2
COMMITTEE'S RE	PORT propositions and that are not candidate committees	3)
Full Name and Address of Political Committee Louisiana Association of Health Plans	OFFICE USE ONL	
450 Laurel Street, Suite 1450 Baton Rouge, LA 70801	Pac Mouthly	
2. Date of PrimaryN/A		15003872
This report covers from May 1, 2015 through May 31, 2015		18 7
3. Type of Report:		
180th day prior to primary40th day after generalAnnual	·	
30th day prior to primary	4	
10th day prior to primary	4.	
10th day prior to generalAmendment to prior report		
All Committee Officers (Including Chairperson, Treasurer, if any, and any other committee a. Name	officers)	
Jeff Drozda CEO 450 Laurel St	wash Cuits 4450 Dates Davis I A 7000	
	reet, Suite 1450, Baton Rouge, LA 7080	1
Candidates or Propositions the Committee is Supporting or Opposing (use additional shee a. Name & Address of Candidate/Description of Proposition	ets if necessary)	
Candidates or Propositions the Committee is Supporting or Opposing (use additional shee a. Name & Address of Candidate/Description of Proposition	ets if necessary) c. <u>Political Party</u> d. <u>Support/Oppos</u>	
Candidates or Propositions the Committee is Supporting or Opposing (use additional sheet a. Name & Address of Candidate/Description of Proposition b. Office Sought Is the Committee supporting the entire ticket of a political party? Yes Name of Person Preparing Report	ets if necessary) c. <u>Political Party</u> d. <u>Support/Oppos</u>	
5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheet a. Name & Address of Candidate/Description of Proposition b. Office Sought 3. Is the Committee supporting the entire ticket of a political party? Yes 7. a. Name of Person Preparing Report Ali McLarty b. Daytime Telephone 225-706-5522 3. WE HEREBY CERTIFY that the information contained in this report and the altached schedule of the control of	c. Political Party d. Support/Oppos X No If "yes", which party?	in a second seco
5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheet at Name & Address of Candidate/Description of Proposition at Defice Sought by the Committee supporting the entire ticket of a political party? 7. a. Name of Person Preparing Report Ali McLarty 8. Daytime Telephone 225-706-5522 8. WE HEREBY CERTIFY that the information contained in this report and the attached schedule and belief, and that no expenditures have been made nor contributions received that have aported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.	c. Political Party d. Support/Oppos X No If "yes", which party?	in a second seco
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SUMMARY PAGE

RECEIPTS	This Period
Contributions Received (Schedule A-1)	
2. In-kind Contributions Received (Schedule A-2)	
3. Campaign paraphernalia sales of \$25 <i>or less</i>	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 +3)	·
5. Other Receipts (Schedule A-3)	·
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	
10. In-Kind Expenditures (Schedule E-2)	
11. Contributions made to Candidates (Schedule E-3)	
12. TOTAL EXPENDITURES (Lines 9 + 10 + 11)	
13. Other Disbursements (Schedule E-4)	·
14. Loan Repayments Made (Schedule B)	
15. Funds Loaned (Schedule D)	
16. TOTAL DISBURSEMENTS (Lines 12 + 13 + 14 + 15)	

	FINANCIAL SUMMARY		Amount
17.	Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- If first report for (his committee)		\$12181.44
18.	Plus total receipts this period (less in-kind contributions received) (Line 8 above minus line 2 above)	Fax	Received 15:01:58 2015-06-0

1	Jun. 9. 2015 3:04PM No. 9. Less total disbursements this period (less in-kind expenditures) (Line 16 above minus line 10 above)	0830 P. 4
	0. Funds on hand at close of reporting period	\$12181.44